

1 METHOD FOR THE MANAGEMENT

2 OF INCONTINENCE

3 CROSS-REFERENCE TO RELATED APPLICATION

4 This application is a continuation-in-part of U.S. Patent Application,
5 Serial No. 08/806,773 filed February 26, 1997, which application is a
6 continuation-in-part of U.S. Patent Application Serial No. 08/706,576 filed
7 September 5, 1996, now U.S. Patent No. 5,840,754 issued November 24,
8 1998, which is a continuation-in-part of U.S. Patent Application Serial No.
9 08/445,849 filed May 22, 1995, now U.S. Patent No. 5,674,895 issued
10 October 7, 1997, benefit is claimed of these applications, that are assigned to
11 the ALZA Corporation of Palo Alto, California.

12 FIELD OF THE INVENTION

13 This invention pertains to the management of incontinence. More
14 specifically the invention relates to the management of incontinence by
15 administering to a patient having the symptoms of incontinence a
16 therapeutically effective dose of oxybutynin alone, in combination with another
17 drug, proceeded by the administration of another drug, or followed by the
18 administration of another drug.

19 BACKGROUND OF THE INVENTION

20 Many people are affected by urinary incontinence. Incontinence is
21 particularly common in the elderly, urinary incontinence is present in
22 approximately fifty percent of nursing home patients, and urinary incontinence
23 is a well known urologic problem in women. It will affect nearly all women in
24 some form during their lifetime, and it is of significant medical and social
25 concern to all humans who experience it. Urinary incontinence arises from
26 the anatomy and from the physiology of the urinary tract, which is composed
27 of a bladder and a sphincter. Anatomically, the bladder consists of the
28 bladder musculature, also known as detrusor, and the trigone. The sphincter
29 includes the bladder neck and the proximal urethra. The detrusor muscle is
30 innervated by the pelvic nerve through the parasympathetic nervous system,
31 and the bladder neck and proximal urethra are innervated by the sympathetic
32 nervous system.

1 The major functions of the bladder are the storage and expulsion of
2 urine. The bladder is responsible for accommodating increasing volumes of
3 urine at low pressures. Normally, the bladder remains closed during bladder
4 filling and continence is maintained as long as the bladder neck and urethral
5 pressure exceeds intravesical pressure. Voluntary voiding occurs when
6 intravesical pressure exceeds bladder neck and urethral pressure, and
7 involuntary voiding also known as involuntary incontinence occurs when the
8 intravesical pressure exceeds the bladder neck and urethral pressure.
9 Involuntary incontinence also known as urge incontinence and overactive
10 bladder, occurs with a loss of a large volume of urine accompanied by
11 symptoms of urgency, frequency and nocturia caused by an unstable bladder
12 or detrusor instability. The patient may lose urine with a change in position or
13 with auditory stimulation. The loss of small volumes of urine usually occurs
14 because bladder overdistension by a large amount of residual urine referred
15 to as overflow incontinence. Urinary incontinence is also known as overactive
16 bladder with symptoms of urinary frequency or urge incontinence.

17 The present management of incontinence consists in administering a
18 smooth muscle relaxant, such as oxybutynin, which acts directly on the
19 smooth muscle at the site distal to the cholinergic receptor. The prior art
20 administered oxybutynin alone for this stated therapeutic purpose. The prior
21 art usual dose for the pharmacologic management of incontinence is
22 repeated, nonsustained and noncontrolled doses from two-to-four times a day
23 for oxybutynin. The prior art administered separately the steroids, estrogen
24 and/or progesterone hormone replacement therapy however, this steroid
25 therapy is insufficient for the management of incontinence.

26 In light of the above presentation it will be appreciated by those versed
27 in the medical and pharmaceutical dispensing arts to which this invention
28 pertains that a pressing need exists for a therapeutic method that can deliver
29 the therapeutic drug oxybutynin in a controlled, sustained-extended dose to a
30 patient in clinical need of incontinence management. The pressing need
31 exists for an oral method of therapy that can deliver oxybutynin alone at a
32 substantially sustained release constant dose per unit time for its therapeutic

1 effect. The need exists additionally for a method for delivering a dose of
2 oxybutynin once-a-day, when indicated, for its intended therapy while avoiding
3 an overdose and for lessening the side effects that can accompany the drug.
4 The pressing need exists further for a method that can administer oxybutynin
5 in combination with another and different drug, or in different therapeutic
6 programs for the management of incontinence and for the management of
7 health and disease.

8 It will be appreciated by those skilled in the medical and
9 pharmaceutical arts to which this invention pertains, that if a novel and unique
10 method of administration is made available that delivers oxybutynin alone, or
11 in combination with another drug in a therapeutically effective dose over a
12 sustained time for the management of incontinence, while lessening the
13 incidence of over and under dose, such a method of therapy would represent
14 an advancement and a valuable contribution for providing practical therapy.

15 SUMMARY OF THE INVENTION

16 According to the invention, it is an object of the invention to provide a
17 method for the management of urinary incontinence with oxybutynin and/or its
18 pharmaceutically acceptable salt alone, or in combination with another drug,
19 or preceded by or followed by the administration of another drug, for the
20 management of incontinence in human male and female patients. The object
21 of the invention further comprises a method for administering oxybutynin
22 alone, and/or in combination with or preceded by or followed by an estrogen
23 and/or a progestin for treating urinary incontinence in pregnant, nonpregnant,
24 postpartum, menopause, post menopausal, and during climaterix period of
25 change occurring in the transition to menopause in a patient in need of
26 therapy.

27 DETAILS OF THE INVENTION

28 The scientific terms and scientific phrases used in this specification
29 embrace the following definitions: Dosage form denotes a drug delivery
30 system for administering a therapeutically effective dose of drug, for example
31 oxybutynin to a patient in need of therapy. The dosage form may be
32 administered once-daily, that is, as a once-a-day dosage form for increasing

1 patient compliance for treating overactive bladder, or more frequently as
2 indicated by a physician, for example twice-daily or thrice-daily. Sustained
3 release denotes the constant delivery of drug for up to twenty-hours.
4 Controlled release denotes the delivery of the drug at a rate controlled by a
5 dosage form by the method of the invention. Zero-order release denotes the
6 method of delivery of drug at a uniform rate to dampen the peaks and valleys
7 observed in non-zero order method of drug delivery. Therapeutically effective
8 amount denotes the dose of delivered drug sufficient to provide a local or a
9 systemic effect in a patient. Menopause denotes the period of natural
10 cessation of menstruation in the female. Post menopausal denotes the time
11 occurring after menopause. Pregnancy denotes the state of containing an
12 unborn fetus within the female. Postpartum denotes the period following birth.

13 The present invention provides a therapeutic composition comprising
14 240 ng to 650 mg (nanogram to milligrams) of oxybutynin or an oxybutynin
15 therapeutically acceptable salt. The pharmaceutically acceptable salt is
16 selected from the group consisting of acetate, bitartrate, citrate, edetate,
17 chloride, edisylate, estolate, esylate, fumarate, gluceptate, gluconate,
18 glutamate, hydrobromide, hydrochloride, lactate, malate, maleate, mandelate,
19 mesylate, methylnitrate, mucate, napsylate, nitrate, pamoate, pantothenate,
20 phosphate, salicylate, stearate, succinate, sulfate, tannate, and tartrate. The
21 drug oxybutynin can be present as the racemate, as the R-enantiomer or as
22 the S-enantiomer. The oxybutynin and its pharmaceutically acceptable salt
23 can be administered at a controlled mean release rate of 0.10 ng per hour to
24 25 mg per hour for the management of incontinence up to 24 hours. The
25 dosage forms provided by the invention can administer oxybutynin in doses
26 such as 5 mg, 10 mg, 15 mg, 20 mg etc. for the management of incontinence.
27 The oxybutynin can be administered alone, or in therapeutic programs with
28 another and different drug, from the same dosage form or from different
29 dosage forms.

30 Representative of a drug, for example a steroid, that can be
31 administered with prior to or followed by the administration of oxybutynin,
32 according to the method of the invention in the same or in an accompanying

1 method, at the same or at a different time, or the drug can be administered
2 separately within up to twenty-four hour period comprise a progestin member
3 selected from the group consisting of progesterone, medroxyprogesterone,
4 medroxyprogesterone acetate, hydroxyprogesterone, hydroxyprogesterone
5 caproate, norethindrone, norethindrone acetate, megestrol, megestrol
6 acetate, progestin, progestogin, norgestrel, norethisterone, norethisterone
7 acetate, levonorgestrel, norgestimate, norethynodrel, 17-hydroxyprogesterone
8 esters, 19-nor-17-hydroxyprogesterone, 19-nor-17-hydroxyprogesterone
9 esters, 17 α -ethinyltestosterone, 17 α -ethinyl-19-nor-testosterone, d-17 β -
10 acetoxy-13 β -ethyl-17 α -ethinyl-17 β -hydroxygon-4-en-3-one, 13 β -ethyl-17 β -
11 hydroxygon-4-en-3-one, 13 β -17 α -diethyl-17 β -hydroxygon-4-en-3-one,
12 chlormadione acetate, dimethistrone, 17 α -ethinyl- β -acetoxy-19-norandrost-4-
13 en-3-one oxime, 3-ketodesogestrel, desogestrel, gestodene, and gestodene
14 acetate. The dose of the progestin and its progesterone derivatives
15 administered is 10 ng to 600 mg, that is administered alone, or in combination
16 with an estrogen, and is indicated for hormone replacement therapy.

17 Representative of a drug that can be administered with oxybutynin
18 according to the method of the invention, or administered separately in a
19 separate administration in twenty-four hours include an estrogen steroid
20 possessing estrogenic activity selected from the group consisting estradiol,
21 estradiol valerate, estradiol benzoate, estradiol cypionate, estradiol
22 propionate, estradiol dipropionate, estradiol acetate, ethinyl estradiol, 17 α -
23 ethinyl estradiol- esters, 17 α -ethinyl estradiol acetate, 17 α -ethinyl estradiol
24 benzoate, 17 α -ethinyl estradiol ethers, estrone, estrone acetate, estrone
25 sulfate, estriol, estriol succinate, estriol triacetate, conjugated equine
26 estrogens, and estradiol esters. The dose of estrogen and its estrogen
27 derivatives is 10 ng to 600 mg, that is administered alone, or in combination
28 with a progestin for hormone replacement therapy.

29 Representative of progestin and estrogen combination that can be
30 administered according to the methods of this invention comprise a hormone
31 pair selected from the group consisting of progestin and estradiol valerate,

1 progestin and piperazine estrone, progestin and estrone, progestin and
2 estriol, progestin and conjugated equine estrogens, progesterone and
3 estradiol, progesterone and estrone, progesterone and estriol, progesterone
4 and conjugated equine estrogens, norethisterone and estradiol,
5 medoxyprogesterone and estradiol, norgestrel and estradiol, dyhrogesterone
6 and estrogen, progestrone and estrogen sulfate, progesterone and 17 α -
7 dihydroequilin, and progesterone and equilenin.

8 The method of the invention provides oxybutynin and the steroids can
9 be administered from the same dosage form, or the oxybutynin and the
10 steroids can be administered separately from different dosage forms, with in
11 either administrations, the oxybutynin and the steroids, in one present
12 administration, administered within a twenty-four therapeutic period.

13 The method of the invention further provides delivery means for
14 administering oxybutynin at a rate conducive for lessening the conversion of
15 oxybutynin at least in part to the desethyl metabolite, desoxy. The method
16 provides for the controlled and sustained rate at which oxybutynin is delivered
17 to the plasma to lessen the circulating desoxy metabolite and to reduce side
18 effect associated therewith. The method provides for oxybutynin delivery to a
19 patient at a rate which gives an oxybutynin/desoxy metabolite ratio higher
20 than 0.18:1 and/or the plasma level of the desoxy metabolite do not exceed
21 350 ng•h/ml, to lessen side effects. According to this feature of the invention
22 there is provided a desethyl metabolite of α -cyclohexyl- α -hydroxy-
23 benzeneacetic acid-4-(diethyl amino)-2-butynyl ester, or its pharmaceutically
24 acceptable salt so the desethyl metabolite does not exceed 350 ng•h/ml, and
25 may even exhibit peak levels of 250 or 200 ng•h/ml.

26 The method for delivering oxybutynin neat, and/or other drugs
27 according to the invention comprises, in one manufacture the use of drug
28 releasing beads that on dissolution or diffusion release the drug over 24
29 hours. The drug releasing beads comprise a central composition or core
30 comprising a drug and pharmaceutically acceptable composition forming
31 ingredients including an optional lubricant, antioxidant, and buffer. The beads
32 are medical preparations with a general diameter of 1 mm to 2 mm. The

1 beads comprise doses of drug, for example, 1 mg, 2 mg, 10 mg, and 20 mg,
2 increasing up to 40 mg. The beads in an embodiment are formed of
3 noncrossed-linked materials to enhance their discharge from the
4 gastrointestinal tract. The beads are coated with a release rate controlling
5 polymer that give a timed released profile. The timed release beads are
6 manufactured into a tablet for therapeutically effective drug administration.
7 The beads are made into matrix tablets by the direct compression of a
8 plurality of beads coated with, for example, an acrylic resin and blended with
9 excipients such as hydroxypropylmethylcellulose. The manufacture of beads
10 is disclosed in Inter. J. of Pharm., by Lu, Vol. 112, pp. 117-124 (1994); Pharm.
11 Sci., by Remington, 14th Ed. pp. 1626-1628 (1970); J. Pharm. Sci., by Fincher,
12 Vol. 57, pp. 1825-1835 (1968); and U. S. Patent No. 4,083,949. The
13 manufacture of the tablet is described in Pharmaceutical Sciences, by
14 Remington, 17th Ed., Chp. 90, pp. 1603-1625, (1985), published by Mack
15 Publishing Co., Easton, PA.

16 The method for delivering oxybutynin alone, or in combination with
17 another drug comprises in another embodiment the use of oxybutynin coated
18 on a polymer substrate. The polymer can be an erodible, or a nonerodible
19 polymer. The coated substrate is folded onto itself to provide a bilayer
20 polymer drug dosage form. For example, 1 ng to 40 mg oxybutynin alone, or
21 in combination with an estrogen, or in combination with an estrogen-progestin
22 pair is coated onto a polymer such as a polypeptide, collagen, gelatin,
23 polyvinyl alcohol, polyorthoester, polyacetyl, or a polyorthocarbonate, and the
24 coated polymer folded onto itself to provide a bilaminated dosage form. In
25 operation, the bioerodible dosage form erodes at a controlled rate to
26 dispensed a therapeutic dose of oxybutynin alone, or oxybutynin and a steroid
27 pair over a sustained release period. Representative biodegradable polymer
28 comprise a member selected from the group consisting of biodegradable
29 poly(amides), poly(amino acids), poly(esters), poly(lactic acid), poly(glycolic
30 acid), poly(carbohydrate), poly(orthoester), poly(orthocarbonate), poly(acetyl),
31 poly(anhydrides), biodegradable poly(dehydropyrans), and poly(dioxinones).
32 The polymers are known to the art in Controlled Release of Drugs, Rosoff,

1 Chp. 2, pp. 53-95 (1989); and in U.S. Patent Nos. 3,811,444; 3,962,414;
2 4,066,747, 4,070, 347; 4,079,038; and 4,093,709.

3 The method of the invention further uses a dosage form comprising a
4 polymer that releases a drug by diffusion through a polymer, or by flux
5 through pores, or by rupture of a polymer matrix. The drug delivery polymeric
6 dosage form comprises a concentration of 10 ng to 250 mg homogenously
7 contained in or on a polymer. The dosage form comprises at least one
8 exposed surface at the beginning of dose delivery. The nonexposed surface
9 when present is coated with a pharmaceutically acceptable material
10 impermeable to the passage of drug. The dosage form can be manufactured
11 by procedures known to the prior art. An example of providing a dosage form
12 comprises blending a pharmaceutically acceptable carrier, like polyethylene
13 glycol, with a known dose of oxybutynin alone, or oxybutynin and an estrogen,
14 at an elevated temperature, like 37°C, and adding it to a silastic medical grade
15 elastomer with a cross-linking agent, for example, octanoate, followed by
16 casting in a mold. The step is repeated for each optional successive layer.
17 The system is allowed to set, for 1 hour, to provide the dosage form.
18 Representative polymers for manufacturing the dosage form comprise a
19 member selected from the group consisting of olefin and vinyl polymers,
20 addition polymers, condensation polymers, carbohydrate polymers, and
21 silicon polymers as represented by poly(ethylene), poly(propylene), poly(vinyl
22 acetate), poly(methyl acrylate), poly(isobutyl methacrylate), poly(alginate),
23 poly(amide), and poly(silicone). The polymers and manufacturing procedures
24 are known in Polymers, by Coleman et al., Vol. 31, pp. 1187-1231 (1990);
25 Drug Carrier Systems, by Roerdink et al., Vol. 9, pp. 57-109 (1989); Adv. Drug
26 Delivery Rev., by Leong et al., Vol. 1, pp. 199-233 (1987); Handbook of
27 Common Polymers, Compiled by Roff et al., (1971), published by CRC Press;
28 and U.S. Patent No. 3,992,518.

29 The method of the invention also uses a dosage form comprising a
30 matrix comprising a plurality of tiny pills. The timed released tiny pills provide
31 a number of individual doses for providing various timed doses for achieving a
32 sustained-release drug delivery profile over 24 hours. The matrix comprises a

1 hydrophilic polymer selected from the group consisting of a polysaccharide,
2 agar, agarose, natural gum, alkali alginate including sodium alginate,
3 carrageenan, fucoidan, furcellaran, laminaran, hypnea, gum arabic, gum
4 ghatti, gum karaya, grum tragacanth, locust bean gum, pectin, amylopectin,
5 gelatin, and a hydrophilic colloid. The hydrophilic matrix comprises a plurality
6 of 4 to 50 tiny pills, each tiny pill comprising a dose population of from 10 ng,
7 0.5 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 5.0 mg, etc. The tiny pills comprise a
8 release rate controlling wall of 0.001 up to 10 mm thickness to provide for the
9 timed release of drug. Representative of wall-forming materials include a
10 triglyceryl ester selected from the group consisting of glyceryl tristearate,
11 glyceryl monostearate, glyceryl dipalmitate, glyceryl laureate, glyceryl
12 didecenoate and glyceryl tridenote. Other wall forming materials comprise
13 polyvinyl acetate phthalate, methylcellulose phthalate, and microporous vinyl
14 olefins. Procedure for manufacturing tiny pills are disclosed in U.S. Patent
15 Nos. 4,434,153; 4,721,613; 4,853,229; 2,996,431; 3,139,383, and 4,752,470.

16 The method of the invention also comprises administering orally to a
17 human patient a dosage form comprising a semipermeable wall that
18 surrounds a therapeutic composition comprising oxybutynin. In use within a
19 patient, the osmotic dosage form comprising a homogenous composition
20 imbibes fluid through the semipermeable wall into the dosage form in
21 response to the concentration gradient across the semipermeable wall. The
22 therapeutic composition in the dosage form develops osmotic energy that
23 causes the therapeutic composition to be administered through an exit from
24 the dosage form over a prolonged period of time up to 24 hours (or even in
25 some cases up to 30 hours) to provide controlled and sustained oxybutynin
26 therapy. The method of the invention also uses in another embodiment an
27 osmotic dosage form comprising a wall surrounding a compartment, the wall
28 comprising a semipermeable polymeric composition permeable to the
29 passage of fluid and substantially impermeable to the passage of oxybutynin
30 present in the compartment; an oxybutynin drug layer composition in the
31 compartment comprising the oxybutynin; a hydrogel push layer composition in
32 the compartment comprising an osmotic formulation for imbibing and

1 absorbing fluid for expanding in size for pushing the oxybutynin composition
2 layer from the dosage form; and at least one passageway in the wall for
3 releasing the oxybutynin. The method delivers the oxybutynin, alone or in
4 combination with a steroid by imbibing fluid through the semipermeable wall at
5 a fluid imbibing rate determined by the permeability of the semipermeable wall
6 and the osmotic pressure across the semipermeable wall causing the push
7 layer to expand; and thereby deliver the therapeutically active oxybutynin from
8 the dosage form through the exit passageway to a patient over a prolonged
9 period of time up to 24 or even 30 hours. The oxybutynin administered by the
10 dosage form of the invention is in the therapeutic range that avoids a toxic
11 dose and avoids an ineffective dose for antispasmodic therapy. The
12 oxybutynin may thus be administered by the methods of this invention to
13 patients with uninhibited neurogenic and reflex neurogenic bladder for
14 increased vessel capacity which diminishes the frequency of uninhibited
15 contractions of the detrusor muscle and delays the desire to void. The
16 dosage form is indicated for the relief of symptoms associated with voiding
17 such as urgency, urge incontinence, frequency, nocturia and incontinence in
18 patients in neurogenic bladder. The dosage form can be used also for human
19 hormone replacement therapy as described above.

20 The osmotic dosage forms in one manufacture comprise a therapeutic
21 composition comprising 240 ng to 650 mg of a member selected from the
22 group consisting of oxybutynin and its pharmaceutically acceptable salt, from
23 10 mg to 350 mg of a pharmaceutically acceptable hydrogel such as a
24 polyalkylene oxide of 75,000 to 750,000 weight-average molecular weight.
25 Representative of polyalkylene oxides are polyethylene oxide of 100,000
26 weight-average molecular weight, polyethylene oxide of 200,000 weight-
27 average molecular weight, polyethylene oxide of 300,000 weight-average
28 molecular weight, polyethylene oxide of 600,000 weight-average molecular
29 weight, and polypropylene oxide of 100,000 weight average molecular weight.
30 The therapeutic composition may also comprise 0 mg to 50 mg, in a present
31 manufacture 1 mg to 50 mg of a hydroxypropylalkylcellulose of 9,000 to
32 150,000 average-number molecular weight selected from the group consisting

1 of hydroxypropylmethylcellulose, hydroxypropylethylcellulose,
2 hydroxypropylbutylcellulose, and hydroxypropylpentylcellulose, 0 to 20 mg of
3 a hydroxyalkylcellulose, such as hydroxypropylcellulose; 0 mg to 50 mg, in a
4 present manufacture 1 mg to 50 mg, of an osmotic solute selected from the
5 osmotically effective compounds consisting of sodium chloride, potassium
6 chloride, potassium acid phosphate, tartaric acid, citric acid, raffinose,
7 magnesium sulfate, magnesium chloride, urea, inositol, sucrose, glucose and
8 sorbitol; and 0.00 mg to 7.5 mg and one manufacture 0.01 mg to 5 mg of a
9 lubricant, such as calcium stearate, zinc stearate, magnesium stearate,
10 magnesium oleate, calcium palmitate, sodium suberate, potassium laureate,
11 salts of fatty acids, salts of alicyclic acids, salts of aromatic acids, stearic acid,
12 oleic acid, palmitic acid, and a mixture of salt of fatty, alicyclic or aromatic acid
13 and a fatty, alicyclic or aromatic acid.

14 The invention provides for the therapeutic composition comprising the
15 drug oxybutynin to be administered as the composition neat, that is,
16 oxybutynin alone, for increasing the urinary bladder capacity, for diminishing
17 the frequency of uninhibited contractions of the detrusor muscles and its
18 accompanying delay of the desire to void. The invention provides for the
19 therapeutic oxybutynin composition to be surrounded by a wall comprising a
20 semipermeable composition with an exit for delivering the therapeutic
21 composition to a human patient in need of oxybutynin therapy. The invention
22 provides, in an additional embodiment, the therapeutic composition
23 comprising oxybutynin as a therapeutic layer in layered, contacting
24 arrangement with a hydrogel expansion composition manufactured as a layer
25 that supports the therapeutic composition to yield a bilayered matrix. The
26 hydrogel layer composition may comprise 10 mg to 350 mg of a hydrogel,
27 such as a member selected from the group consisting of a polyalkylene oxide
28 of 1,000,000 to 8,000,000 which are selected from the group consisting of
29 polyethylene oxide of 1,000,000 weight-average molecular weight, a
30 polyethylene oxide of 2,000,000 molecular weight, a polyethylene oxide of
31 4,000,000 molecular weight, a polyethylene oxide of 5,000,000 molecular
32 weight, a polyethylene oxide of 7,000,000 molecular weight, and a

1 polypropylene oxide of the 1,000,000 to 8,000,000 weight-average molecular
2 weights; or 10 mg to 250 mg of an alkali carboxymethylcellulose of 10,000 to
3 6,000,000 weight-average molecular weight such as sodium
4 carboxymethylcellulose or potassium carboxymethylcellulose. The hydrogel
5 expansion layered comprises 0.0 mg to 350 mg, in present manufacture 0.1
6 mg to 250 mg of a hydroxyalkylcellulose of 7,500 to 4,500,000 weight-average
7 molecular weight, represented by hydroxymethylcellulose,
8 hydroxyethylcellulose, hydroxypropylcellulose, hydroxybutylcellulose, and
9 hydroxypentylcellulose; 0 mg to 50 mg, in present manufacture 1 mg to 50 mg
10 of an osmagent selected from the group consisting of sodium chloride,
11 potassium chloride, potassium acid phosphate, tartaric acid, citric acid,
12 raffinose, magnesium sulfate, magnesium chloride, urea, inositol, sucrose,
13 glucose and sorbitol; 0 to 5 mg of a colorant, such as ferric oxide; 0 mg to 30
14 mg, in a present manufacture, 0.1 mg to 30 mg of a
15 hydroxypropylalkylcellulose of 9,000 to 225,000 average-number molecular
16 weight, selected from the group consisting of hydroxypropylethylcellulose,
17 hydroxypropypentylcellulose, hydroxypropylmethylcellulose, and
18 hydropropylbutylcellulose; 0.00 to 1.5 mg of an antioxidant selected from the
19 group consisting of ascorbic acid, butylated hydroxyanisole,
20 butylatedhydroxyquinone, butylhydroxyanisol, hydroxycomarin, butylated
21 hydroxytoluene, cephalin, ethyl gallate, propyl gallate, octyl gallate, lauryl
22 gallate, propylhydroxybenzoate, trihydroxybutylphenone, dimethylphenol,
23 dibutylphenol, vitamin E, lecithin and ethanolamine; and 0.0 mg to 7 mg of a
24 lubricant selected from the group consisting of calcium stearate, magnesium
25 stearate, zinc stearate, magnesium oleate, calcium palmitate, sodium
26 suberate, potassium laureate, salts of fatty acids, salts of alicyclic acids, salts
27 of aromatic acids, stearic acid, oleic acid, palmitic acid, a mixture of a salt of a
28 fatty, alicyclic or aromatic acid, and a fatty, alicyclic, or aromatic acid.

29 The invention provides for the therapeutic oxybutynin composition, the
30 therapeutic bilayer comprising the drug oxybutynin layer, and the
31 osmopolymer hydrogel layer to be administered as the composition or the
32 bilayer per se; that is, as the composition or the bilayer together for increasing

1 the urinary bladder capacity, for diminishing the frequency of uninhibited
2 contractions of the detrusor muscles and its accompanying delay of the desire
3 to void. The invention provides additionally for the therapeutic composition
4 and for the compositional bilayer to be surrounded by a wall comprising a
5 semipermeable composition with an exit for delivering the therapeutic
6 composition to a human patient in need of oxybutynin therapy. The invention
7 also provides for a subcoat to surround the therapeutic composition or to
8 surround the bilayer, which subcoat in either embodiment is surrounded by a
9 outer semipermeable wall.

10 The invention provides a dosage form for the delivery of the therapeutic
11 composition comprising oxybutynin. The dosage form comprises up to 650
12 mg, and provides a sustained release at a controlled rate up to 25 mg, of
13 oxybutynin or its salt up to 24 hours. The dosage form comprises a wall,
14 which wall surrounds an internal lumen or compartment. The wall comprises
15 a semipermeable composition that is permeable to the passage of fluid and
16 impermeable to the passage of oxybutynin. The wall is nontoxic and it
17 comprises a polymer selected from the group consisting of a cellulose acylate,
18 cellulose diacylate, cellulose triacylate, cellulose acetate, cellulose diacetate
19 and cellulose triacetate. The wall comprises 75 wt% (weight percent) to 100
20 wt% of the cellulosic wall-forming polymer; or, the wall can comprise
21 additionally 0.01 wt% to 80 wt% of polyethylene glycol, or 1 wt% to 25 wt% of
22 a cellulose ether selected from the group consisting of hydroxypropylcellulose
23 or hydroxypropylalkylcellulose such as hydroxypropylmethylcellulose. The
24 total weight percent of all components comprising the wall is equal to 100
25 wt%. The internal compartment comprises the therapeutic oxybutynin
26 composition alone or in layered position with an expandable hydrogel
27 composition. The expandable hydrogel composition in the compartment
28 increases in dimension by imbibing the fluid through the semipermeable wall,
29 causing the hydrogel to expand and occupy space in the compartment,
30 whereby the drug composition is pushed from the dosage form. The
31 therapeutic layer and the expandable layer act together during the operation
32 of the dosage form for the release of oxybutynin to a patient over time. The

1 dosage form comprises a passageway in the wall that connects the exterior of
2 the dosage form with the internal compartment. The osmotic powered dosage
3 form provided by the invention delivers oxybutynin from the dosage form to
4 the patient at a zero order rate of release over a period of 24 hours.

5 The expression "passageway" as used herein comprises means and
6 methods suitable for the metered release of the therapeutic drug from the
7 compartment of the dosage form. The exit means comprises at least one
8 passageway, including orifice, bore, aperture, pore, porous element, hollow
9 fiber, capillary tube, channel, porous overlay, or porous element that provides
10 for the osmotic controlled release of oxybutynin. The passageway includes a
11 material that erodes or is leached from the wall in a fluid environment of use
12 to produce at least one controlled-release dimensioned passageway.
13 Representative materials suitable for forming a passageway, or a multiplicity
14 of passageways comprise a leachable poly(glycolic) acid or poly(lactic) acid
15 polymer in the wall, a gelatinous filament, poly(vinyl alcohol), leachable
16 polysaccharides, salts, and oxides. A pore passageway, or more than one
17 pore passageway, can be formed by leaching a leachable compound, such as
18 sorbitol, from the wall. The passageway possesses controlled-release
19 dimensions, such as round, triangular, square and elliptical, for the metered
20 release of oxybutynin from the dosage form. The dosage form can be
21 constructed with one or more passageways in spaced apart relationship on a
22 single surface or on more than one surface of the wall. The expression "fluid
23 environment" denotes an aqueous or biological fluid as in a human patient,
24 including the gastrointestinal tract. Passageways and equipment for forming
25 passageways are disclosed in U. S. Patent Nos. 3,845,770; 3,916,899;
26 4,063,064; 4,088,864 and 4,816,263. Passageways formed by leaching are
27 disclosed in U. S. Patent Nos. 4,200,098 and 4,285,987.

28 DESCRIPTION FOR MANUFACTURING THE COMPOSITIONS

29 AND DOSAGE FORMS OF THE INVENTION

30 The wall of dosage forms can be formed by using an air suspension
31 procedure. This procedure consists of suspending and tumbling the
32 composition or the layers in a current of air and wall-forming composition until

1 a wall is applied to the oxybutynin forming compartment. The air suspension
2 procedure is well suited for independently forming the wall. The air
3 suspension procedure is described in U.S. Patent No. 2,799,241; J. Am.
4 Pharm. Assoc., Vol. 48, pp. 451-454 (1959); and ibid, Vol. 49, pp. 82-84
5 (1960). The wall can be formed with a wall-forming composition in a Wurster®
6 air suspension coater using an organic solvent, such as acetone-water
7 cosolvent 90:10 (wt:wt) with 2.5 wt% to 7 wt% polymer solids. An Aeromatic®
8 air suspension coater using, for example, a methylene dichloride-methanol
9 cosolvent comprising 87:13 (v:v) can be used for applying the wall. Other
10 wall-forming techniques, such as pan coating system, wall forming
11 compositions deposited by successive spraying of the composition or the
12 bilayered arrangement, accompanied by tumbling in a rotating pan can be
13 used for the present purpose. A larger volume of cosolvent can be used to
14 reduce the concentration of polymer solids to produce a thinner wall. Finally,
15 the wall of the coated compartments are laser or mechanically drilled, and
16 then dried in a forced air or humidity oven for 1 to 3 days or longer to free the
17 solvent. Generally, the walls formed by these techniques have a thickness of
18 2 to 20 mils (0.051 to 0.510 mm) with a preferred thickness of 2 to 6 mils
19 (0.051 to 0.150 mm).

20 The dosage forms of the invention are manufactured by standard
21 manufacturing techniques. For example, in one manufacture the beneficial
22 drug oxybutynin and/or additional drugs such as an estrogen, a steroid pair
23 such as an estrogen and a progestin, and other ingredients comprising a
24 therapeutic composition or comprising the drug composition that faces the exit
25 means are blended, or they are blended then pressed into a composition.
26 The oxybutynin and other ingredients can be blended with a solvent and then
27 formed into a solid or semisolid formed by conventional manufacturing
28 methods such as ball-milling, calendaring, sitrring, or roll-milling and then
29 pressed into a selected shape. The composition possesses dimensions that
30 correspond to the internal dimensions of the area it occupies in the dosage
31 form. In the manufacture of bilayered compositions dosage form, the bilayers
32 posses dimensions corresponding to the internal lumen of the dosage form.

1 First, the hydrogel expansion layer is placed in contact with the oxybutynin
2 layer. The layering of the oxybutynin layer and the hydrogel layer can be
3 fabricated by conventional press-layering techniques. Finally, the two-layer
4 compartment forming members are surrounded and coated with an outer wall.
5 A passageway is drilled by laser or mechanically drilled through the wall, or
6 the wall is provided with a pore-former to contact the oxybutynin layer, with
7 the dosage form optically oriented automatically by the equipment for laser
8 forming the passageway on the preselected drug surface.

9 In another manufacture, the dosage forms are manufactured by the wet
10 granulation technique. In the wet granulation technique the oxybutynin and/or
11 other drugs, and the ingredients comprising the drug composition are blended
12 using an organic or inorganic solvent, such as isopropyl alcohol-methylene
13 dichloride 80:20 (v:v) as the granulation fluid. Other granulating fluid, such as
14 water, isopropyl alcohol, or denatured alcohol 100% can be used for this
15 purpose. The ingredients forming the drug composition are individually
16 passed through a 40 mesh screen and then thoroughly blended in a mixer.
17 Next, other ingredients comprising the drug composition are dissolved in a
18 portion of the granulation fluid, such as the cosolvent described above. Then,
19 the latter prepared wet blend is slowly added to the drug oxybutynin blend
20 with continual mixing in the blender. The granulating fluid is added until a wet
21 blend mass is produced, which wet mass is then forced through a 20 mesh
22 screen onto oven trays. The blend is dried for 18 to 24 hours at 25°C to 40°C.
23 The dry granules are then screened with a 16 mesh screen. Next, a lubricant
24 is passed through an 60 mesh screen and added to the dry screened granule
25 blend. The granulation is put into milling jars and mixed on a jar mill for 2 to
26 10 minutes. The first and second layer compositions are pressed into a
27 layered tablet, for example, in a Manesty® layer press.

28 Another manufacturing process that can be used for providing a
29 oxybutynin and hydrogel composition comprises blending their powdered
30 ingredients in a fluid bed granulator. After the powdered ingredients are dry
31 blended in the granulator, a granulating fluid, for example,
32 poly(vinylpyrrolidone) in a solvent, such as in water, is sprayed onto the

1 respective powders. The coated powders are then dried in a granulator. This
2 process coats the ingredients present therein while spraying the granulating
3 fluid. After the granules are dried, a lubricant, such as stearic acid or
4 magnesium stearate, is blended as above into the mixture. The granules are
5 then pressed in the manner described above. In another embodiment, when
6 the fluid bed granulating process is used to manufacture the hydrogel layer,
7 the antioxidant present in the polyalkylene oxide can be removed during the
8 processing step. If antioxidant is desired it can be added to the hydrogel
9 formulation, and this can be accomplished during the fluid bed granulation
10 process.

11 The dosage forms of this invention are manufactured in another
12 embodiment by mixing the oxybutynin with composition-forming ingredients
13 and pressing the composition into a layer possessing dimensions that
14 correspond to the internal dimensions of the compartment space adjacent to a
15 passageway. In another embodiment, the oxybutynin and other drug
16 composition forming ingredients and a solvent are mixed into a solid, or semi-
17 solid, by conventional methods such as ball-milling, calendaring, stirring or
18 roll-milling, and then pressed into a preselected, layer-forming shape. The
19 invention provides further a method of manufacturing a sustained release
20 dosage form adapted for managing oxybutynin and its desethylmetabolite in
21 plasma by incorporating an effective amount of oxybutynin or its salt in a
22 controlled release dosage form that releases oxybutynin continuously at a
23 controlled rate to provide a higher oxybutynin concentration and a lower
24 desethylmetabolite concentration than provided by an immediate release
25 dosage form that dose-dumps. An immediate release dosage form generally
26 dose-dumps its drug in an hour or less, as it lack prolonged delivery.

27 In the manufactures as presented above, the manufacture comprising
28 a composition or comprising a layer of a composition comprising a hydrogel
29 osmopolymer and an optional osmagent are placed in contact with the layer
30 comprising the drug oxybutynin, and the two layers comprising the layers are
31 surrounded with a semipermeable wall. The layering of the first drug
32 oxybutynin composition and the second hydrogel osmopolymer and optional

1 osmagent composition can be accomplished by using a conventional two-
2 layer tablet press technique. The wall can be applied by molding, spraying or
3 dipping the pressed shapes into wall-forming materials. Another technique
4 that can be used for applying the wall is the air suspension coating procedure.
5 This procedure consists in suspending and tumbling the two layers in a
6 current of air until the wall forming composition surrounds the layers.
7 Manufacturing procedures are described in Modern Plastics Encyclopedia,
8 Vol. 46, pp. 62-70 (1969); and in Pharmaceutical Sciences, by Remington,
9 14th Ed., pp. 1626-1680 (1970), published by Mack Publishing Co., Easton,
10 PA. The dosage form can be manufactured by following the teaching in U.S.
11 Patent Nos. 4,327,725; 4,612,008; 4,783,337; 4,863,456; and 4,902,514.

12 The dissolution of a drug indicates the drug entering into solution upon
13 its delivery from a dosage form provided by this invention is measured by the
14 following procedure. First, a drug receiving solution, such as, gastrointestinal
15 fluid, hydrochloric acid, or an aqueous sodium dodecyl sulfate, 1% (w/v)
16 (weight/volume) solution is used as the dissolution media. A dosage form
17 prepared by this invention is placed into the dissolution media and the drug
18 released by the dosage form into the dissolution media is sampled at a
19 constant time interval over the time period of dissolution. The filtered samples
20 are assayed by a reversed high pressure liquid chromatography, or detection
21 by UV. The concentration of the samples is measured against a standard
22 curve containing, for example, at least five standard points. Procedures for
23 dissolution testing are reported in The United States Pharmacopoeia, The
24 National Formulary, pp. 1791 to 1796; (1995); Pharmaceutical Sciences, by
25 Remington, 17th Ed., pp. 653-666 (1985); and USP XXII, Dissolution Paddle
26 Analysis, pp. 1578-1579 (1990).

27 The release rate of drug from a dosage form manufactured by this
28 invention can be ascertained by the following procedure. The procedure
29 comprises placing the dosage form in a solution, usually water, and taking
30 aliquots of the release rate solution, followed by their injection into a
31 chromatographic system to quantify the amount of drug released during
32 specified test intervals. The drug, for example, is resolved on a column and

1 detected by UV absorption. Quantitation is performed by linear regression
2 analysis of peak areas from a standard curve containing at least five standard
3 points.

4 The release rate procedure comprises attaching a dosage form to a
5 plastic rod with the orifice exposed to the drug receiving solution. Then,
6 attaching the rod to a release arm, with the arm affixed to an up/down
7 reciprocating shaker, which operates at an amplitude of about 3 cm and 2
8 seconds per cycle. Then, continuously immersing the dosage form in 50 ml
9 test tubes containing 30 ml of H₂O, equilibrated in a constant temperature
10 water bath at 37°C ± 0.5°C. Next, at the end of each interval, transfer the
11 dosage form to the next row of new test tubes containing a receiving solution,
12 such as water. After the release pattern is complete, remove the tubes and
13 allow to cool to room temperature, followed by filling the calibrated tubes to
14 the 50 ml mark with a solvent, such as acetone. The samples are mixed
15 immediately, transferred to sample vials, followed by chromatography
16 analysis.

17 Exemplary solvents suitable for manufacturing the wall, the
18 composition layers and the dosage form include inert inorganic and organic
19 solvents that do not adversely harm the materials, the wall, the layer, the
20 composition and the drug wall. The solvents broadly include members
21 selected from the group consisting of aqueous solvents, alcohols, ketones,
22 esters, ethers, aliphatic hydrocarbons, halogenated solvents, cycloaliphatics,
23 aromatics, heterocyclic solvents, and mixtures thereof. Typical solvents
24 include acetone, diacetone alcohol, methanol, ethanol, isopropyl alcohol, butyl
25 alcohol, methyl acetate, ethyl acetate, isopropyl acetate, n-butyl acetate,
26 methyl isobutyl ketone, methyl propyl ketone, n-hexane, n-heptane, ethylene
27 glycol monoethyl ether, ethylene glycol monoethylacetate, methylene
28 dichloride, ethylene dichloride, propylene dichloride, carbon chloroform,
29 nitroethane, nitropropane, tetrachloroethane, ethyl ether, isopropyl ether,
30 cyclohexane, cyclo-octane, toluene, naphtha, 1,4-dioxane, tetrahydrofuran,
31 diglyme, aqueous and nonaqueous mixtures thereof, such as acetone and

1 water, acetone and methanol, acetone and ethyl alcohol, methylene dichloride
2 and methanol, and ethylene dichloride and methanol.

3 DISCLOSURE OF EXAMPLES

4 PROVIDED BY THE INVENTION

5 The following examples are merely illustrative of the present invention
6 and they should not be considered as limiting the scope of the invention in
7 any way. These examples and other equivalents thereof will become
8 apparent to those versed in the art in the light of the present disclosure and
9 the accompanying claims.

10 EXAMPLE 1

11 A therapeutic oxybutynin composition for administering to a patient and
12 for use in the invention was prepared as follows: First, 103 grams of
13 oxybutynin hydrochloride was dissolved in 1200 ml (milliliters) of anhydrous
14 ethanol. Separately, 2,280 g of polyethylene oxide of 200,000 weight-average
15 molecular weight, 150 g of hydroxypropylmethylcellulose of 9,200 average-
16 number molecular weight and 450 g of sodium chloride were dry blended in a
17 conventional blender for 10 minutes to yield a homogenous blend. Next, the
18 oxybutynin ethanol solution was added slowly to the blend, with the blender
19 continuously blending until all the ingredients were added to the three
20 component dry blend, with the blending continued for another 8 to 10 minutes.
21 The blended wet composition was passed through a 16 mesh screen and
22 dried overnight at a room temperature of 72°F (22.2°). Then, the dry granules
23 were passed through a 20 mesh screen, 18 g of magnesium stearate was
24 added, and all the ingredients blended again for 5 minutes. The fresh
25 granules are ready for formulation into a therapeutic oxybutynin composition.
26 The therapeutic composition comprises 3.4 wt% oxybutynin hydrochloride, 76
27 wt% polyethylene oxide of 200,000 weight-average molecular weight, 5 wt%
28 of hydroxypropylmethylcellulose of 9,200 average-number molecular weight,
29 15 wt% sodium chloride, and 0.6 wt% magnesium stearate. The therapeutic
30 composition can be administered for its intended oxybutynin therapy, the
31 management of overactive bladder.

EXAMPLE 2

An osmopolymer hydrogel composition for use in the invention was prepared as follows: first 1274 g of pharmaceutically acceptable polyethylene oxide comprising a 7,500,000 weight-average molecular weight, 600 g of sodium chloride, and 20 g of colorant ferric oxide were separately screened through a 40 mesh screen. Then, all the screened ingredients were mixed with 100 g of hydroxypropylmethylcellulose of 11,200 average-number molecular weight to produce a homogenous blend. Next, 300 ml of denatured anhydrous alcohol was added slowly to the blend with continuous mixing for 5 minutes. Then, 1.6 g of butylated hydroxytoluene was added, followed by more blending, with 5 g of magnesium stearate added with 5 minutes of blending, to yield a homogenous blend. The freshly prepared granulation is passed through a 20 mesh screen and allowed to dry for 20 hours at 22.2°C. The final composition comprised 63.67 wt% polyethylene oxide of 7,500,000 weight-average molecular weight, 30 wt% sodium chloride, 1 wt% ferric oxide, 5 mg hydroxypropylmethylcellulose of 11,200 average-number molecular weight, 0.08 wt% butylated hydroxytoluene, and 0.25 mg magnesium stearate.

EXAMPLE 3

An osmopolymer hydrogel composition for use in the invention was prepared as follows: first 1274 g of pharmaceutically acceptable sodium carboxymethylcellulose comprising a 2,250,000 weight-average molecular weight, 600 g of sodium chloride, and 20 g ferric oxide were separately screened through a 40 mesh screen. Then, all the screened ingredients were mixed with 100 g of hydroxypropylmethylcellulose of 11,200 average-number molecular weight and 100 g of hydroxypropylcellulose of 30,000 average-number molecular weight to produce a homogenous blend. Next, 300 ml of denatured anhydrous alcohol was added slowly to the blend with continuous mixing for 5 minutes. Then, 1.6 g of butylated hydroxytoluene was added, followed by more blending, with 5 g of magnesium stearate added with 5 minutes of blending, to yield a homogenous blend. The freshly prepared granulation was passed through a 20 mesh screen and allowed to dry for 20

1 hours at 22.2°C. The final composition comprised 58.67 wt% the sodium
2 carboxymethylcellulose, 30 wt% sodium chloride, 1 wt% ferric oxide, 5 mg of
3 hydroxypropylmethylcellulose, 5 mg hydroxypropylcellulose, 0.08 wt%
4 butylated hydroxytoluene, and 0.25 mg of magnesium stearate.

5 EXAMPLE 4

6 The therapeutic oxybutynin composition and the osmopolymer
7 hydrogel composition were made into a bilayered tablet as follows: first, 147
8 mg of the oxybutynin composition as prepared in Example 1 was added to a
9 punch die set and tamped. Then, 98 mg of the hydrogel composition as
10 prepared in Example 2 was added and the two layers compressed under a
11 pressure head of 1.0 ton (1000 kg) into a 11/32 inch (0.873 cm) diameter,
12 contacting intimate bilayered tablet. The example was repeated with the
13 hydrogel composition as prepared in Example 3 to produce the tablet
14 comprising two layers.

15 EXAMPLE 5

16 The bilayered tablet for example as described in Example 4 was
17 manufactured into a dosage form as follows: first, a semipermeable wall-
18 forming composition was prepared comprising 95 wt% cellulose acetate
19 having a 39.8% acetyl content, and 5 wt% polyethylene glycol having a
20 number-average molecular weight of 3350 by dissolving the ingredients in a
21 cosolvent comprising acetone and water in 90:10 wt:wt composition to make a
22 4% solid solution. The wall-forming composition was sprayed onto and
23 around the bilayered cores as prepared in Examples 2 and 3 to provide a 26.4
24 mg semipermeable wall.

25 Next, the semipermeable walled, bilayered tablet was laser drilled to
26 provide a 20 mil (0.51 mm) orifice to contact the oxybutynin layer and the
27 exterior of the dosage form. The residual solvent was removed by drying for
28 48 hours at 50°C and 50% relative humidity. Next, the dosage forms were
29 dried further for 1 hour at 50°C to remove excess moisture. The dosage form
30 provided by this manufacture provides 3.4 wt% oxybutynin hydrochloride, 76
31 wt% polyethylene oxide of 200,000 weight-average molecular weight, 5 wt%
32 hydroxypropylmethylcellulose of 9,200 average-number molecular weight, 0.6

1 wt% magnesium stearate, and 15 wt% sodium chloride in the therapeutic
2 oxybutynin composition. The osmopolymer hydrogel push composition
3 comprises 63.67 wt% polyethylene oxide of 7,500,000 weight-average
4 molecular weight, 30 wt% sodium chloride, 1 wt% ferric chloride, 5 wt%
5 hydroxypropylmethylcellulose of 9,200 average-number molecular weight,
6 0.08 wt% butylated hydroxytoluene, and 0.25 wt% magnesium stearate. The
7 semipermeable wall comprises 95 wt% cellulose acetate comprising 39.8%
8 acetyl content, and 5 wt% polyethylene glycol of 3350 number-average
9 molecular weight. The dosage form comprises an exit passage of 20 mils
10 (0.50 mm) and it has a mean release rate of 0.260 mg/hr for 23.8 hours. The
11 semipermeable wall provides substantial protection from photo (light)
12 degradation of the oxybutynin in the dosage form.

13 EXAMPLE 6

14 A dosage form is prepared according to the above examples,
15 comprising a drug layer comprising of 6.67 wt% oxybutynin hydrochloride,
16 87.83 wt% polyethylene oxide of 200,000 weight-average molecular weight,
17 4.00 wt% hydroxypropylmethylcellulose of 9,200 average-number molecular
18 weight, and 0.50 wt% magnesium stearate; in layered contact with a push
19 hydrogel layer comprising 58.75 wt% sodium carboxymethylcellulose of
20 6,000,000 weight-average molecular weight, 30 wt% sodium chloride, 5.00
21 wt% hydroxypropylmethylcellulose of 9,200 average-number molecular
22 weight, 1.00 wt% ferric oxide, 5.00 wt% hydroxypropylcellulose of 75,000
23 average-number molecular weight and 0.25 wt% magnesium stearate; which
24 bilayered core is surrounded by a semipermeable wall comprising cellulose
25 acetate and polyethylene glycol; and an exit port through the wall for
26 delivering the oxybutynin at a controlled rate over thirty hours.

27 EXAMPLE 7

28 The dosage form according to Example 6 wherein in the drug
29 composition the polyethylene oxide has a 300,000 weight-average molecular
30 weight; the hydroxypropylcellulose is a member selected from the group
31 consisting of 25,000, 30,000, or 40,000 average-number molecular weight;

1 and the dosage form comprises 5 mg to 250 mg of oxybutynin
2 pharmaceutically acceptable salt.

3 EXAMPLE 8

4 A dosage form was prepared according to the above examples wherein
5 the dosage form of this example comprises a drug oxybutynin layer
6 comprising 5 mg oxybutynin, 111.60 mg polyethylene oxide of 200,000
7 weight-average molecular weight, 7.35 mg hydroxypropylmethylcellulose of
8 9,200 average-number molecular weight, 0.88 mg magnesium stearate, 22.05
9 mg of sodium chloride, and 0.12 mg of butylated hydroxytoluene; a hydrogel
10 push layer comprising 62.40 mg of polyethylene oxide of 7,000,000 weight-
11 average molecular weight, 29.40 mg of sodium chloride, 4.90 mg
12 hydroxypropylmethylcellulose of 9,200 average-number molecular weight,
13 0.08 mg of butylated hydroxytoluene, 0.98 mg of red ferric oxide, and 0.24 mg
14 of magnesium stearate; a wall comprising cellulose acetate consisting of a
15 39.8% acetyl content and polyethylene glycol of 3350 number-average
16 molecular weight in the percentage ratio of 95 wt% cellulose acetate to 5 wt%
17 polyethylene glycol, and exit means in the wall.

18 EXAMPLE 9

19 A dosage form was prepared according to the examples provided by
20 this invention wherein the dosage form comprises: a drug anticholinergic
21 oxybutynin layer comprising 5.3 wt% oxybutynin, 82.37 wt% polyethylene
22 oxide of 200,000 weight-average molecular weight, 2 wt%
23 hydroxypropylmethylcellulose of 9,200 average-number molecular weight,
24 0.25 wt% magnesium stearate, 10 wt% sodium chloride, and 0.08 wt%
25 butylated hydroxytoluene; a push hydrogel layer comprising 63.37 wt%
26 polyethylene oxide of 2,000,000 weight-average molecular weight, 30 wt%
27 sodium chloride, 5 wt% hydroxypropylmethylcellulose of 9,200 average-
28 number molecular weight, 0.08 wt% butylated hydroxytoluene, 1 wt% black
29 ferric oxide and 0.25 wt% magnesium stearate; a wall comprising 99 wt%
30 cellulose acetate comprising a 39.8% acetyl content and 1 wt% polyethylene
31 glycol of 3350 number-average molecular weight; and an exit passageway

1 through the wall for delivering the oxybutynin to a patient, for treatment of
2 symptoms in neurogenic bladder.

3 EXAMPLE 10

4 An oxybutynin composition was prepared according to the above
5 examples, wherein the composition comprises 10.6% oxybutynin
6 hydrochloride, 79.57 wt% polyethylene oxide of 200,000 weight-average
7 molecular weight, 2 wt% hydroxypropylmethylcellulose of 9,200 average-
8 number molecular weight, 0.25 wt% of magnesium stearate, 7.5 wt% of
9 sodium chloride, and 0.08 wt% butylated hydroxytoluene.

10 EXAMPLE 11

11 An oxybutynin composition was prepared according to the above
12 examples wherein the composition comprises 16 wt% oxybutynin
13 hydrochloride, 76.67 wt% polyethylene oxide of 200,000 weight-average
14 molecular weight, 2 wt% hydroxypropylmethylcellulose of 9,200 average-
15 number molecular weight, 0.25% magnesium stearate, 5 wt% sodium
16 chloride, and 0.08 wt% butylated hydroxytoluene.

17 EXAMPLE 12

18 A hydrogel composition was prepared according to the above
19 examples wherein the composition comprises 58.75 wt%
20 hydroxyethylcellulose of 1,300,000 weight-average molecular weight, 30 wt%
21 sodium chloride, 10 wt% polyvinylpyrrolidone of 42,000 viscosity-average
22 molecular weight, 1 wt% colorant red ferric oxide, and 0.25 wt% magnesium
23 stearate.

24 EXAMPLE 13

25 A dosage form was prepared according to the present invention
26 wherein the dosage form comprises: a drug layer comprising 3.4 wt%
27 oxybutynin hydrochloride, 76 wt% polyethylene oxide of 200,000 weight-
28 average molecular weight, 5 wt% hydroxypropylmethylcellulose of 9,200
29 average-number molecular weight, 0.6 wt% magnesium stearate, 15 wt%
30 sodium chloride, a push hydrogel layer comprising 58.75 wt%
31 hydroxyethylcellulose of 1,300,000 average-number molecular weight, 30 wt%
32 sodium chloride, 10 wt% polyvinylpyrrolidone of 42,000 viscosity-average

1 molecular weight, 1 wt% red ferric oxide, and 0.25 wt% magnesium stearate;
2 a wall comprising 95 wt% cellulose acetate comprising a 39.8 % acetyl
3 content, and 5 wt% polyethylene glycol of 3350 number-average molecular
4 weight, an exit orifice of 20 mil (0.50 mm); and a release rate of 0.292 mg per
5 1 hour for 16.9 hours.

6 EXAMPLE 14

7 A dosage form was manufactured according to the present examples
8 wherein the dosage form comprises: a drug oxybutynin composition
9 comprising 3.4 wt% oxybutynin hydrochloride, 76 wt% polyethylene oxide of
10 200,000 weight-average molecular weight, 5 wt% hydroxypropylmethylcellulose
11 of 9,200 average-number molecular weight, 0.6 wt% of magnesium stearate,
12 and 15 wt% sodium chloride; a push hydrogel composition for pushing the
13 drug oxybutynin composition from the dosage form comprising 63.67 wt%
14 polyethylene oxide of 7,000,000 weight-average molecular weight, 30 wt%
15 sodium chloride, 1 wt% red ferric oxide, 5 wt% hydroxypropylmethylcellulose
16 of 9,200 average-number molecular weight, 0.08 wt% butylated
17 hydroxytoluene, and 0.25 wt% magnesium stearate; a subcoat that surrounds
18 the drug oxybutynin composition and push hydrogel composition wherein the
19 subcoat comprises 95 wt% hydroxyethylcellulose, a nonionic water soluble
20 polymer of 90,000 average-number molecular weight; then an outer wall or
21 overcoat comprising 95 wt% cellulose acetate possessing an acetyl content of
22 39.8% and 5 wt% polyethylene glycol of 3,350 number-average molecular
23 weight; a 20 mil (0.50 mm) exit passageway; and an oxybutynin release rate
24 of 0.295 mg per 1 hour over 19.9 hours.

25 EXAMPLE 15

26 A dosage form designed and shaped as a pharmaceutically acceptable
27 tablet for the oral administration of a member selected from the group
28 consisting of oxybutynin and its pharmaceutically acceptable salts was made
29 by following the above examples. The dosage form provided by the example
30 comprises a drug composition weighing 92 mg comprising 5.45 wt% of
31 oxybutynin hydrochloride, 9.98 wt% of sodium chloride, 82.16 wt% of
32 polyethylene oxide of 100,000 of weight-average molecular weight, 2.00 wt%

1 of hydroxypropylmethylcellulose of 11,300 of average-number molecular
2 weight, 0.25 wt% of magnesium stearate, 0.08 wt% of butylated
3 hydroxytoluene, and 0.05 wt% of green ferric oxide. The composition was
4 surrounded by a wall comprising a semipermeable cellulose acetate polymer
5 comprising a 39.8% acetyl content and polyethylene glycol comprising a
6 3,350 molecular weight. The dosage form comprised an exit in
7 communication with the oxybutynin composition for delivering oxybutynin to
8 the gastrointestinal tract of a patient.

9 EXAMPLE 16

10 A dosage form adapted as an orally administrable caplet was made
11 according to the above examples. The dosage form of this example
12 comprises a drug composition weighing 92 mg and comprising 5.45 wt%
13 oxybutynin hydrochloride, 9.98 wt% sodium chloride, 82.19 wt% polyethylene
14 oxide possessing a 200,000 weight-average molecular weight, 2.00 wt%
15 hydroxypropylmethylcellulose of 11,300 molecular weight, 0.25 wt%
16 magnesium stearate, 0.08 wt% butylated hydroxytoluene, and 0.05 wt%
17 colorant green ferric oxide; a push composition initially in contact with the drug
18 composition, weighing 62 mg and comprising 63.67 wt% polyethylene oxide
19 possessing a 2,000,000 weight-average molecular weight, 30.00 wt% sodium
20 chloride, 5.00 wt% hydroxypropylmethylcellulose of 11,200 molecular weight,
21 1.00 wt% of a 95.5 mixture of colorant black iron oxide/lactose, 0.25 wt%
22 magnesium stearate, and 0.08 wt% butylated hydroxytoluene; a wall weighing
23 19 mg that surrounds the compositions and comprises 99 wt% of cellulose
24 acetate of 39.8% acetyl content, and 1.00 wt% polyethylene glycol of 3,350
25 molecular weight; a yellow color overcoat weighing 10 mg; and an exit in the
26 wall for delivering the drug to a patient. The dosage form exhibited a
27 cumulative release of oxybutynin hydrochloride of greater than zero mg to 1
28 mg in 0 to 4 hours, 1 mg to 2.5 mg in 0 to 8 hours, 2.75 mg to 4.25 mg in 0 to
29 14 hours, and 3.75 mg to 5 mg in 0 to 24 hours.

30 EXAMPLE 17

31 A dosage form for the oral administration of oxybutynin was made by
32 following the above examples. The dosage form comprises a 92 mg drug

composition comprising 10.90 wt% oxybutynin hydrochloride, 7.48 wt% sodium chloride, 79.25 wt% polyethylene oxide possessing a 200,000 weight-average molecular weight, 1.99 wt% hydroxypropylmethylcellulose possessing a 11,300 molecular weight, 0.25 wt% magnesium stearate, 0.08 wt% butylated hydroxytoluene, and 0.25 wt% magnesium stearate, 0.08 wt% butylated hydroxytoluene, and 0.05 wt% colorant red ferric oxide; a push composition weighing 62 mg and comprising 63.67 wt% polyethylene oxide possessing a 2,000,000 weight-average molecular weight, 30 wt% sodium chloride, 5 wt% hydroxypropylmethylcellulose possessing a 11,300 molecular weight, 1.00 wt% colorant black iron oxide/lactose (95:5), 0.25 wt% magnesium stearate, and 0.08 wt% butylated hydroxytoluene; a semipermeable wall that envelopes the compositions weighting 19 mg comprising 99 wt% cellulose acetate comprising a 39.8 acetyl content, and 1 wt% polyethylene glycol 3350; a exit in the wall; and a 10 mg color overcoat. The dosage form, when in operation operates by osmotic kinetics, and delivers in 0 to 4 hours up to 20% (up to 2 mg) of oxybutynin hydrochloride, in 0 to 8 hours 20 to 50% (2.0 to 5.0 mg) of oxybutynin salt; in 0 to 14 hours 50 to 85% (5.5 mg to 8.5 mg) of oxybutynin; and 0 to 24 hours greater than 75% (greater than 7.5 mg) of the drug. The dosage form can be manufactured shaped like a pharmaceutically acceptable tablet, or the dosage form can be manufactured shaped like a pharmaceutically acceptable capsule.

EXAMPLE 18

A dosage form for the oral delivery of a member selected from the group consisting of oxybutynin and its pharmaceutically acceptable salts was made according to the above examples. The dosage form comprised a drug composition weighing 92 mg comprising 16.30 wt% oxybutynin chloride, 4.98 wt% sodium chloride, 76.35 wt% polyethylene oxide of 200,000 molecular weight, 1.99 wt% hydroxypropylmethylcellulose, 0.25 wt% magnesium stearate, 0.08 wt% butylated hydroxytoluene, 0.02 wt% black iron oxide/lactose (95:5); a push composition weighing 62 mg comprising 63.67 wt% polyethylene oxide possessing a 2,000,000 molecular weight, 30.00 wt% sodium chloride, 5.00 hydroxypropylmethylcellulose of 11,300 molecular

weight, 1.00 wt% black iron oxide/lactose (95:5), 0.25 wt% magnesium stearate, and 0.08 wt% butylated hydroxytoluene; a wall weighing 19 mg comprising a semipermeable composition permeable to a fluid flux, impermeable to drug flux comprising 99.00 wt% cellulose acetate having a 39.8 acetyl content, and 1.00 wt% polyethylene glycol 3350; a passageway in the wall; and an overcoat weighing 10 mg colored grey. The dosage form exhibited a cumulative release rate of up to 3 mg in 0 to 4 hours; 3 mg to 7.5 mg in 0 to 8 hours; 8 mg to 13 mg in 0 to 14 hours; and 12 mg to 15 mg in 0 to 24 hours.

EXAMPLE 19

A dosage form was prepared according to the previous examples comprising an oxybutynin salt, that delivers up to 1.60 mg in 0 to 4 hours, up to 5 mg in 0 to 8 hours, up to 8.5 mg in 0 to 12 hours, up to 11 mg in 0 to 16 hours, and up to 15 mg in 0 to 24 hours.

EXAMPLE 20

An orally administrable dosage form comprising 1 mg to 100 mg of a drug selected from the group consisting of oxybutynin and its pharmaceutically acceptable salt is prepared by following the previous examples, for administering accompanied by a different drug, or prior to or after the administration of conjugated equine estrogens.

EXAMPLE 21

A dosage form is prepared according to the above examples wherein the dosage form of this example comprises a drug oxybutynin steroid composition comprising 5 mg oxybutynin, 0.3 mg conjugated estrogens, 111.60 mg polyethylene oxide of 200,000 weight-average molecular weight, 7.35 mg hydroxypropylmethylcellulose of 9,200 average-number molecular weight, 0.88 mg magnesium stearate, 22.05 mg of sodium chloride, and 0.12 mg of butylated hydroxytoluene; a hydrogel push composition comprising 62.40 mg of polyethylene oxide of 7,000,000 weight-average molecular weight, 29.40 mg of sodium chloride, 4.90 mg hydroxypropylmethylcellulose of 9,200 average-number molecular weight, 0.08 mg of butylated hydroxytoluene, 0.98 mg of red ferric oxide, and 0.24 mg of magnesium

1 stearate; a wall comprising cellulose acetate consisting of a 39.8% acetyl
2 content and polyethylene glycol of 3350 number-average molecular weight in
3 the percentage ratio of 95 wt% cellulose acetate to 5 wt% polyethylene glycol,
4 and an exit passageway in the wall.

5 EXAMPLE 22

6 A dosage form is prepared according to the previous example, wherein
7 the dosage form comprises a drug composition comprising oxybutynin in a
8 dose of 5 mg to 20 mg of oxybutynin and at least one of a steroid member
9 selected from the dose group consisting of 0.3 mg, 0.625 mg, 0.9 mg, 1.25
10 mg and 2.5 mg of a mixture of estrogen sulfates, estrone, equilin, 17 α -
11 dihydroequilin, 17 α -estradiol, equilenin and 17 α -dihydroequilenin indicated for
12 treating urge incontinence, the symptoms associated with menopause, and
13 hormone replacement therapy.

14 EXAMPLE 23

15 A bioerodible dosage form is prepared comprising a bioerodible
16 polymer in matrix dosage form comprising 5 mg of oxybutynin and 0.3 mg of
17 an estrogen that provides for the drugs release at controlled rate by the
18 bioeroding matrix over 24 hours. The bioerodible polymer forming the dosage
19 form matrix comprises a member selected from the group consisting of
20 poly(ester), poly(amine), poly(lactide), poly(glycolide), poly(lactide-co-
21 glycolide), poly(caprolactone), poly(hydroxybutynin acid), poly(orthoester),
22 poly(orthocarbonate), poly(dihydropyran), poly(3-hydroxybutyrate-co-3-
23 hydroxyvalerate), and poly(3-hydroxybutyrate-co-hydroxybutyrate). An
24 additional dosage form can be prepared according to the example that
25 administers a member selected from oxybutynin and its pharmaceutically
26 acceptable salt and 30 μ g ethinyl estradiol and 150 μ g of levonorgestrel.

27 EXAMPLE 24

28 A diffusion rate-controlled dosage form that comprises a diffusion-rate
29 controlled polymer through which oxybutynin and a steroid is released by
30 diffusion is prepared by formulating oxybutynin and a member selected from
31 the group consisting of a progestin and estrogen pair, and an estrogen, in a
32 polymer matrix. The diffusion can be through the polymer or through a

1 porous-polymer membrane. The diffusion dosage form structurally includes a
2 polymer matrix that is a reservoir for the drug(s), or through a contacting
3 polymer rate-governing membrane. Representative of polymers for providing
4 diffusional dosage forms comprise a member selected from the group
5 consisting of poly(olefin), poly(vinyl), poly(carbohydrate), poly(peptide),
6 poly(condensation), poly(rubber), and poly(silicon). Representative of specific
7 polymers consists of a member selected from the group consisting of
8 poly(ethylene), poly(propylene), copoly(ethylene-vinyl acetate),
9 poly(isobutylethylene), poly(vinylaurate), cross-linked poly(vinylalcohol),
10 poly(methacrylate), poly(amide), poly(ester), and poly(silicone).

11 EXAMPLE 25

12 A dosage form comprising ion-exchange activity is prepared and it
13 comprises a water-insoluble crosslinked polymer with oxybutynin and
14 estrogen bound to the ion-exchange resin. The drugs are released at a rate
15 controlled by the drug-resin complex by the ionic environment within the
16 gastrointestinal tract. The ion-exchange resins that can be adapted for the
17 manufacture of the dosage form comprise a cation-exchange resin and an
18 anion-exchange resin. The cation-exchange resins include strong-acid and
19 weak-acid resins as with sulfonic acid, carboxylic acid, and phosphonic acid
20 and the anion-exchange resins include strong-base and weak-base resins as
21 with quaternary ammonium, secondary amine, tertiary amine aromatic and
22 tertiary amine aliphatic resins. Specific examples of ion-exchange resins such
23 as Amberlite IR-120, basic ion-exchange resins such as Amberlite IRA-400,
24 and weak basic ion-exchange resins such as Amberlite IR-45.

25 EXAMPLE 26

26 A method of manufacturing a sustained release dosage form for
27 managing the concentration of oxybutynin and its desethylmetabolite in
28 plasma, is provided, which method of manufacture comprises the
29 incorporation of an effective amount of oxybutynin or its pharmaceutically
30 acceptable salt in a sustained and controlled release dosage form which
31 release oxybutynin continuously at a controlled zero order rate to provide a
32 relatively higher oxybutynin concentration and a relatively lower

1 desethylmetabolite concentration than provided by an immediate release non-
2 sustained dosage form profile.

3 METHOD OF PRACTICING THE INVENTION

4 The drug oxybutynin, identified as OXY, was administered in a clinical
5 study to a number of patients to treat urinary incontinence. Patients who self-
6 administered oxybutynin often quit or discontinue treatment due to its anti-
7 cholinergic side effects, which appear to be peak-concentration related. The
8 present invention thus provides a sustained release (SR) controlled-release
9 (CR) oral dosage form comprising oxybutynin designed to provide both
10 oxybutynin therapy through the entire gastrointestinal tract and a continuous
11 plasma drug concentration that avoid peak and valley concentrations. The
12 sustained release dosage form of this invention continuously delivers
13 oxybutynin throughout the entire gastrointestinal tract (GI), thereby making
14 its therapeutically effective for oxybutynin to be absorbed through the entire
15 gastrointestinal tract into the blood. That is, the controlled-extended release
16 dosage form of this invention maintains a therapeutic plasma concentration
17 substantively free of an overdose and substantially free of an ineffective
18 underdose of oxybutynin.

19 In a multiple dose, crossover study, 13 healthy female volunteers of 41
20 to 68 years of age received either 5 mg of oxybutynin immediate release (IR)
21 every 8 hours, or three 5 mg controlled release (CR) once a day, for four
22 days. The patients blood was sampled on days 1 and 4 to quantify
23 oxybutynin and its desethylmetabolite (DESOXY) by liquid chromatography
24 mass spectroscopy (LC/MS). The oxybutynin was absorbed rapidly following
25 immediate-release (IR) dosing with a mean C_{max} of ng/ml. C_{max} is the
26 maximum concentration after dosing in the plasma. The drug release kinetics
27 for the controlled-release (CR) plasma concentration rose slowly, reaching a
28 mean C_{max} value of 4.2-6.7 ng/ml. The metabolite DESOXY was formed
29 rapidly following immediate release, and its formation paralleled the slow
30 absorption of oxybutynin following controlled release. The DESOXY had a
31 shorter $t_{1/2}$ life compared to OXY, indicating presystemic metabolite formation
32 assuming it to be true metabolite $t_{1/2}$. Single and multiple dose AUC values

were similar for both the controlled release and immediate release suggesting time invariant pharmacokinetics. AUC denotes the area under the plasma concentration profile. The 4 day OXY and DESOXY AUC and their ratios are presented in the Table below wherein BA denotes the percent bioavailable, that is, BA denotes the relative amount of oxybutynin absorbed from the controlled release (CR) dosage form compared to the immediate release (IR) dosage form, and C_{max} denotes the maximum concentration.

	OXY(AUC) (ng•h/mL)	DESOXY (AUC) (ng•h/mL)	OXY/DESOXY Ratio	OXY (BA%)	DESOXY (BA%)
IR	81	483	0.18		
CR	109	304	0.41	153	69

The higher ratio of OXY-BA following CR compared to IR suggests lower metabolic formation on first pass. This indicates CR could reach the colon within 3-5 hours post dosing. Presystemic cytochrome P450-mediated oxidation may occur in the upper part of the gastrointestinal tract; then, drug release from CR in the colon escapes presystemic metabolism, which could explain the higher OXY/DESOXY ratio and increased OXY BA following CR.

The dosage form and the oxybutynin composition of this invention, as seen from the above disclosure, can be used in a method for administering a drug by the oral route, or the dosage form and composition can be sized and shaped for administering a drug by the sublingual and buccal routes. The sublingual and buccal routes can be used for quicker therapy, and they can be used when a smaller dose of drug is needed for immediate therapy. The latter routes can be used as a by-pass of the first pass of hepatic metabolism of the drug.

In summary, it will be appreciated that the present invention contributes to the art an unobvious dosage form that possesses practical therapeutic utility, and it can administer a drug at a dose-metered release rate per unit time.